

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2006
NAME OF PROVIDER OR SUPPLIER NORTHWEST HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW WASHINGTON, DC 20016		
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L 000	Initial Comments An annual licensure survey was conducted August 7 through 11, 2006. The following deficiencies were based on observations, record reviews and interviews with the facility staff. The sample included 30 records based on a census of 324 residents on the first day of the survey.	L 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, Executive Director, or any employees, agents or other individuals who draft or may be discussed in this Plan of Correction. In addition, preparation and submission of this Plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Correction is submitted as the facility's credible allegation of compliance.		
L 052	3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following: (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed; (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers; (c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair; (d) Protection from accident, injury, and infection; (e) Encouragement, assistance, and training in self-care and group activities; (f) Encouragement and assistance to: (1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair; (2) Use the dining room if he or she is able; and	L 052			

Health Regulation Administration

[Signature]
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GOEW11

Rev. 9/14/06
8/25/06
 (X6) DATE

If continuation sheet 1 of 13

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L 052	<p>Continued From page 1</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by: Based on record review for one (1) of 30 sampled records, it was determined that sufficient nursing time was not given to Resident #24 to ensure that Oxycontin was administered as prescribed by the physician.</p> <p>The findings include:</p> <p>On June 6, 2006, Resident #24 was initially prescribed "Oxycontin 80 mg, 1 tab by mouth, twice daily for pain." The order was renewed August 2, 2006.</p> <p>The resident's July and August 2006 Medication Administration Record (MAR) was left blank or initialed and circled to indicate that the Oxycontin 80 mg was not given on July 4 at 6:00 AM, July 7 at 6:00 PM, July 10 at 6:00 PM, and July 14 at 6:00 PM. There was no explanation on the "Nurse Medication Notes" or in the nurses' notes for these dates as to why the medication was not administered.</p>	L 052	<p>L 052</p> <p>a. Resident #24 is no longer residing in this facility, as he discharged home. There was no actual harm caused to this resident.</p> <p>b. Each resident's Medication Administration Record, and Narcotic Sheets will be audited to determine the accuracy of both administration and documentation.</p> <p>c. The single nurse involved in failing to sign for administered medications on the Medication Administration Record (for July 4 6:00 A.M. dose, July 7-, July 10 and July 14 th6:00 P.M. doses), has been counseled and will return to in-servicing for Medication Administration and documentation procedures. The single nurse who failed to administer two doses of 40mg. Tabs of Oxycontin to yield an 80 mg dose as prescribed, has also been counseled and will return to in-service for Medication Administration and documentation procedures. Both nurses will participate in return demonstration of Medication Pass and documentation.</p> <p>Each shift of Licensed Nurses will be in-serviced on the findings and review of the Medication Administration and documentation. Review of the Narcotic Count System will be included in the in-service, to determine the accuracy of the existing count.</p> <p>d. The Staff Development Nurses will be responsible for delivery of these in-services, and will conduct periodic return demonstrations of Medication Pass and documentation. The Unit Managers, Shift Supervisors, ADNS's and DNS will participate in periodic performance monitoring.</p> <p>e. Completion Date: September, 2006</p>		

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L 052	Continued From page 2 A review of the resident's Controlled Drug Record indicated that on August 9, 2006 only (1) one tablet of Oxycontin 40 mg was signed out for 6:00 PM. The nurse signed the MAR indicating that the resident received 80 mg of Oxycontin. The resident should have received two (2) 40 mg tablets of Oxycontin. A physical count was done with the staff nurse on August 10, 2006 at approximately 11:35 AM. The count was fifty-one (51) tablets, an odd number. If the correct dosage had been administered to the resident, the count would be an even number. The record was reviewed on August 10, 2006.	L 052			
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations during the survey, it was determined that the facility failed to ensure that the environment was safe for staff and residents as evidenced by: jagged edges on a plastic guard in the elevator and storage of a closet door in a resident's room. These findings were observed in the presence of the Directors of Maintenance and Housekeeping and nursing staff. The findings include: 1. The plastic guard in the service elevator was observed to have jagged edges on the frontal surfaces near the entrance to the elevator in one (1) of one (1) observation at approximately 2:30 PM on August 9, 2006.	L 214	L 214 3234.1 NURSING FACILITIES a. The plastic guard in the service elevator was repaired and replaced with a solid surface. b. elevators were inspected to ensure compliance c. Elevators will be checked weekly by engineering staff to ensure compliance. d. Director of engineering will monitor monthly and report discrepancies to the monthly QA&A committee for review. e. Completion date 9/24/06 <i>new</i>		

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L 214	Continued From page 3 2. A damaged closet door was stored on the floor in room 607. When examined it moved freely in one (1) of one (1) observation at approximately 2:00 PM on August 8, 2006.	L 214	L 247 3238.3 NURSING FACILITIES a. No resident was harmed as a result of this deficiency. Random temperature checks were taken and fans used where needed. The rooms are 311, fourth floor day room, 514, 516, 521, 607, 711, seventh floor day room and eight floor day room. b. Random temperature checks are being conducted twice daily to identify other areas at risk. c. Portable cooling units have been purchased and are being placed where needed. d. Director of engineering to monitor for compliance daily and report findings to the monthly QA&A committee for review. e. Completion date 9/24/06 <i>recker</i>		
L 247	3238.3 Nursing Facilities Each room that is used by a resident shall be maintained at a minimum temperature of seventy-one degrees Fahrenheit (71°F) and a maximum of eighty-one degrees Fahrenheit (81°F) at all times when the room is occupied. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that the facility failed to maintain temperatures in residents' rooms between 71 and 81 degrees Fahrenheit (F). These findings were observed in the presence of maintenance staff. The findings include: Third Floor rooms: 305- 83 degrees F and 311- 83 degrees F; Fourth Floor Day room: 84-degrees F; Fifth Floor rooms: 514-84 degrees F, 516-84 degrees F and 521-84 degrees F; Sixth Floor room: 607-82 degrees F; Seventh Floor rooms: 711- 84 degrees F and Day room- 84 degrees F; and Eight Floor Day room: 82 degrees F in 10 of 10 observations on August 7, 2006 and August 8, 2006 between 8:15 and 4:45 PM.	L 247			
L 410	3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the	L 410	L410 3256.1 NURSING FACILITIES 1 a. All baseboard and floor surfaces identified are being corrected. The locations are second floor hallway near the elevator and short hallway, third floor room 311 and oxygen storage room, fourth floor room 414 and hallways, fifth floor room 514 and short hallways, sixth floor rooms 614, 618 and hallways, seventh floor short hallway, eighth floor hallway. b. Rounds will be conducted by engineering and housekeeping to identify other areas at risk. c. Housekeeping will include in their daily inspections and deep cleaning of one room per floor per day. Engineering will complete rounds once per week and address any problems immediately. d. Housekeeping and Director of Engineering or designee will ensure compliance and report findings to the QA&A committee monthly. e. Completion date 9/24/06		

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L 410	<p>Continued From page 4</p> <p>exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.</p> <p>This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled and damaged baseboards and floors, soiled HVAC (Heating Ventilation and Air Conditioning Units) louvers and control panels, exhaust vents and bed frames; damaged and uneven floors; cleaning equipment stored on the floor; excessive personal items in residents' rooms; damaged geri and wheelchair armrests and ceiling and wall surfaces; marred chair legs and tables; soiled Barbicide solution and roller trays; plungers stored on the floor; and operation of electric fans in isolation rooms. These findings were observed in the presence of the Directors of Maintenance and Housekeeping and nursing staff.</p> <p>The findings include:</p> <p>1. Baseboard and floor surfaces were soiled and damaged in residents' rooms and hallways.</p> <p>Second Floor hallway near the elevator and short hallway in two (2) of two (2) observations at 3:45 PM on August 8, 2006.</p> <p>Third Floor room 311 and oxygen storage room in two (2) of two (2) observations at approximately 3:30 PM on August 8, 2006.</p> <p>Fourth Floor room 414 and hallways in four (4) of four (4) observations between 2:22 PM and 3:00 PM on August 8, 2006.</p>	L 410	<p>L 410 (cont.) 2</p> <p>a. All units identified were cleaned. The locations are second floor rooms 205, 221, 227 and dining room, third floor room 311, fourth floor rooms 403, 410, and 420, fifth floor rooms 502, 511, 514, 516, and 521, sixth floor rooms 606, 607, 611, 618, and 625, seventh floor rooms 701, 711, 714, 717, 720 and Dayroom, eighth floor room 822 and dayroom.</p> <p>b. Housekeepers assigned to each floor will be inserviced on identifying HVAC units that need cleaning and the method for cleaning and report back to Housekeeping supervisor by 8/29/06.</p> <p>c. Engineering will clean interior of A/C units during replacement of filters quarterly. Housekeeping will also include in its deep cleaning schedule.</p> <p>d. Directors of Housekeeping or designee will be responsible to monitor for compliance daily and report findings to the QA&A committee monthly.</p> <p>e. Completion date 9/24/06</p> <p>3</p> <p>a. The interior surfaces of exhaust vents in the rooms identified were immediately addressed by engineering. They are floor rooms 417 and 420, fifth floor rooms 511, 514, sixth floor rooms 606, 625, seventh floor 711, 717, shower room and pantry, eighth floor room 808 and 813.</p> <p>b. Engineering will conduct inspections of all exhaust vents to identify other areas at risk and clean as identified.</p> <p>c. Engineering will conduct weekly rounds and clean as needed.</p> <p>d. Director of Engineering and or designee will monitor monthly and report findings to the QA&A committee monthly.</p> <p>e. Completion date 9/24/06.</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	<p>Continued From page 5</p> <p>Fifth Floor room 514 and short hallway in two (2) of three (3) observations between 11:33 AM and 3:00 PM on August 8, 2006.</p> <p>Sixth Floor rooms 614, 618 and hallways in four (4) of four (4) observations between 10:55 AM and 11:30 PM on August 8, 2006.</p> <p>Seventh Floor short hallway in one (1) of one (1) observation at 4:20 PM on August 7, 2006.</p> <p>Eighth Floor hallway in one (1) of one (1) observation between 11:04 AM and 12:55 PM on August 7, 2006.</p> <p>2. HVAC Unit top and lower louvers and control panels were soiled with dust and debris in the following areas:</p> <p>Second Floor rooms 205, 221, 227 and Dining room in four (4) of four (4) observations between 3:45 PM and 4:10 PM on August 8, 2006.</p> <p>Third Floor room 311 in one (1) of one (1) observation at 3:30 PM on August 8, 2006.</p> <p>Fourth Floor rooms 403, 410 and 420 in three (3) of five (5) observations between 2:22 PM and 3:00 PM on August 8, 2006.</p> <p>Fifth Floor rooms 502, 511, 514, 516 and 521 in five (5) of five (5) observations between 11:33 AM and 3:00 PM on August 8, 2006.</p> <p>Sixth Floor rooms 606, 607, 611, 618 and 625 in five (5) of eight (8) observations between 10:20 AM and 12:00 PM on August 8, 2006.</p> <p>Seventh Floor rooms 701, 711, 714, 717, 720 and Day Room in six (6) of six (6) observations</p>	L 410	<p>4.</p> <p>a. All rooms identified were addressed immediately. They are second floor rooms 221, 227, fourth floor rooms 403, 417, fifth floor rooms 511, 514, sixth floor rooms 618, 625, seventh floor rooms 701, 706, 714, eighth floor rooms 801, 817, 822.</p> <p>b. Housekeeping supervisor and assistant will conduct rounds to inspect all beds to ensure compliance by 9/1/06.</p> <p>c. Housekeeping supervisor will in-service all staff on proper cleaning methods.</p> <p>d. Housekeeping supervisor and or designee will conduct room inspections of three rooms per floor per day and report findings to the QA&A committee monthly.</p> <p>e. Completion date 9/24/06.</p> <p>5.</p> <p>a. The rear patio will be resurfaced by the appropriate contractor.</p> <p>b. Engineering department staff will inspect surface on a daily basis and repair as needed.</p> <p>c. Director of Engineering and or designee will inspect surface monthly for compliance.</p> <p>d. Environmental rounds team will monitor for compliance on a quarterly basis and report findings to the QA&A committee for review.</p> <p>e. Completion date 9/24/06.</p> <p>6.</p> <p>a. The areas identified were corrected during the survey. They are third floor janitors closet, sixth floor janitors closet, seventh floor janitors closet, eighth floor janitors closet.</p> <p>b. Housekeeping supervisor will inspect janitor's closets to ensure compliance.</p> <p>c. Housekeeping supervisor will in-service staff on the importance of storing mops and brooms off the floor and the procedure for storage.</p> <p>d. Housekeeping supervisor and or designee will conduct rounds daily to ensure compliance.</p> <p>e. Completion date of 9/24/06</p>	

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L 410	<p>Continued From page 5</p> <p>Fifth Floor room 514 and short hallway in two (2) of three (3) observations between 11:33 AM and 3:00 PM on August 8, 2006.</p> <p>Sixth Floor rooms 614, 618 and hallways in four (4) of four (4) observations between 10:55 AM and 11:30 PM on August 8, 2006.</p> <p>Seventh Floor short hallway in one (1) of one (1) observation at 4:20 PM on August 7, 2006.</p> <p>Eighth Floor hallway in one (1) of one (1) observation between 11:04 AM and 12:55 PM on August 7, 2006.</p> <p>2. HVAC Unit top and lower louvers and control panels were soiled with dust and debris in the following areas:</p> <p>Second Floor rooms 205, 221, 227 and Dining room in four (4) of four (4) observations between 3:45 PM and 4:10 PM on August 8, 2006.</p> <p>Third Floor room 311 in one (1) of one (1) observation at 3:30 PM on August 8, 2006.</p> <p>Fourth Floor rooms 403, 410 and 420 in three (3) of five (5) observations between 2:22 PM and 3:00 PM on August 8, 2006.</p> <p>Fifth Floor rooms 502, 511, 514, 516 and 521 in five (5) of five (5) observations between 11:33 AM and 3:00 PM on August 8, 2006.</p> <p>Sixth Floor rooms 606, 607, 611, 618 and 625 in five (5) of eight (8) observations between 10:20 AM and 12:00 PM on August 8, 2006.</p> <p>Seventh Floor rooms 701, 711, 714, 717, 720 and Day Room in six (6) of six (6) observations</p>	L 410	<p>4.</p> <p>a. All rooms identified were addressed immediately. They are second floor rooms 221, 227, fourth floor rooms 403, 417, fifth floor rooms 511, 514, sixth floor rooms 618, 625, seventh floor rooms 701, 706, 714, eighth floor rooms 801, 817, 822.</p> <p>b. Housekeeping supervisor and assistant will conduct rounds to inspect all beds to ensure compliance by 9/1/06.</p> <p>c. Housekeeping supervisor will in-service all staff on proper cleaning methods.</p> <p>d. Housekeeping supervisor and or designee will conduct room inspections of three rooms per floor per day and report findings to the QA&A committee monthly.</p> <p>e. Completion date 9/24/06.</p> <p>5.</p> <p>a. The rear patio will be resurfaced by the appropriate contractor.</p> <p>b. Engineering department staff will inspect surface on a daily basis and repair as needed.</p> <p>c. Director of Engineering and or designee will inspect surface monthly for compliance.</p> <p>d. Environmental rounds team will monitor for compliance on a quarterly basis and report findings to the QA&A committee for review.</p> <p>e. Completion date 9/24/06.</p> <p>6</p> <p>a. The areas identified were corrected during the survey. They are third floor janitors closet, sixth floor janitors closet, seventh floor janitors closet, eighth floor janitors closet.</p> <p>b. Housekeeping supervisor will inspect janitor's closets to ensure compliance.</p> <p>c. Housekeeping supervisor will in-service staff on the importance of storing mops and brooms off the floor and the procedure for storage.</p> <p>d. Housekeeping supervisor and or designee will conduct rounds daily to ensure compliance.</p> <p>e. Completion date of 9/24/06</p>		<p>9/23/06 <i>Revised</i></p> <p>9/23/06 <i>Done</i></p> <p>9/23/06 <i>Done</i></p> <p>9/23/06 <i>Done</i></p>

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N/ OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTHWEST HEALTH CARE CTR

**3333 WISCONSIN AVE NW
WASHINGTON, DC 20016**

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L 410	<p>Continued From page 6</p> <p>between 3:56 PM and 4:30 PM on August 7, 2005.</p> <p>Eighth Floor room 822 and Day Room in two (2) of five (5) observations 11:04 AM and 12:00 PM on August 7, 2006.</p> <p>3. The interior surfaces of exhaust vents were soiled with accumulated dust in the following areas:</p> <p>Third Floor rooms 301 and 305 in two (2) of two (2) observations between 2:45 PM and 3:05 PM on August 8, 2006.</p> <p>Fourth Floor rooms 417 and 420 in two (2) of two (2) observations between 3:45 PM and 4:10 PM on August 8, 2006.</p> <p>Fifth Floor rooms 511 and 514 in two (2) of five (5) observations between 11:33 AM and 3:00 PM on August 8, 2006.</p> <p>Sixth Floor rooms 606 and 625 in two (2) of five (5) observations between 10:20 AM and 12:01 PM on August 8, 2006.</p> <p>Seventh Floor rooms 711, 717, shower room and pantry in four (4) of six (6) observations between 3:56 PM and 4:45 PM on August 7, 2006.</p> <p>Eight Floor rooms 808 and 813 in two (2) of eight (8) observations between 11:04 AM and 12:20 PM on August 7, 2006.</p> <p>4. The frame surfaces of residents' beds were soiled with accumulated dust.</p> <p>Second Floor rooms 221 and 227 in two (2) of four (4) observations between 3:45 PM and 4:15</p>	L 410	<p>L 410 (cont.)</p> <p>7.</p> <p>a. No harm was caused as a result of this deficiency. Discussion will be held with the residents involved by social service to arrange for proper storage of the excessive personal items. They are rooms 301, 310, 318, and 801.</p> <p>b. RCCs, zone monitors and supervisors will identify rooms with excessive storage during rounds for correction.</p> <p>c. All nursing, social service and housekeeping and laundry staff will be in-serviced on the proper procedure for storage of resident personal items.</p> <p>d. Director of housekeeping will monitor monthly for compliance.</p> <p>e. Completion date 9/24/06.</p> <p>8.</p> <p>a. All worn and damaged Geri chair and wheelchair armrests identified were replaced. They are third floor room 305 and day room, fourth floor day room, fifth floor rooms 516, 517 and the day room, sixth floor day room, seventh floor day room, eighth floor day room.</p> <p>b. Engineering will inspect Geri chair and wheelchairs to identify other worn or damaged armrests.</p> <p>c. Engineering will conduct weekly rounds. Housekeeping will also alert engineering or damaged armrests during their weekly wheelchair and Geri chair cleaning.</p> <p>d. Director of engineering and or designee will monitor for compliance monthly and report findings to the QA&A committee for review.</p> <p>e. Completion date 9/24/06.</p>	

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L 410	Continued From page 6 between 3:56 PM and 4:30 PM on August 7, 2005. Eighth Floor room 822 and Day Room in two (2) of five (5) observations 11:04 AM and 12:00 PM on August 7, 2006. 3. The interior surfaces of exhaust vents were soiled with accumulated dust in the following areas: Third Floor rooms 301 and 305 in two (2) of two (2) observations between 2:45 PM and 3:05 PM on August 8, 2006. Fourth Floor rooms 417 and 420 in two (2) of two (2) observations between 3:45 PM and 4:10 PM on August 8, 2006. Fifth Floor rooms 511 and 514 in two (2) of five (5) observations between 11:33 AM and 3:00 PM on August 8, 2006. Sixth Floor rooms 606 and 625 in two (2) of five (5) observations between 10:20 AM and 12:01 PM on August 8, 2006. Seventh Floor rooms 711, 717, shower room and pantry in four (4) of six (6) observations between 3:56 PM and 4:45 PM on August 7, 2006. Eight Floor rooms 808 and 813 in two (2) of eight (8) observations between 11:04 AM and 12:20 PM on August 7, 2006. 4. The frame surfaces of residents' beds were soiled with accumulated dust. Second Floor rooms 221 and 227 in two (2) of four (4) observations between 3:45 PM and 4:15	L 410	L 410 (cont.) 7. a. No harm was caused as a result of this deficiency. Discussion will be held with the residents involved by social service to arrange for proper storage of the excessive personal items. They are rooms 301, 310, 318, and 801. b. RCCs, zone monitors and supervisors will identify rooms with excessive storage during rounds for correction. c. All nursing, social service and housekeeping and laundry staff will be instructed on the proper procedure for storage of resident personal items. d. Director of housekeeping will monitor monthly for compliance. e. Completion date 9/24/06. 8. a. All worn and damaged Geri chair and wheelchair armrests identified were replaced. They are third floor room 305 and day room, fourth floor day room, fifth floor rooms 516, 517 and the day room, sixth floor day room, seventh floor day room, eighth floor day room. b. Engineering will inspect Geri chair and wheelchairs to identify other worn or damaged armrests. c. Engineering will conduct weekly rounds. Housekeeping will also alert engineering or damaged armrests during their weekly wheelchair and Geri chair cleaning. d. Director of engineering and or designee will monitor for compliance monthly and report findings to the QA&A committee for review. e. Completion date 9/24/06. <i>9/23/06 [Signature]</i>	<i>9/1/06 [Signature]</i>

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L 410	<p>Continued From page 7</p> <p>PM on August 8, 2006.</p> <p>Fourth Floor rooms 403 and 417 in two (2) of four observations between 3:45 PM and 4:20 PM on August 8, 2006.</p> <p>Fifth Floor rooms 511 and 514 in two (2) of five (5) observations between 11:33 AM and 3:00 PM of August 8, 2006.</p> <p>Sixth Floor rooms 618 and 625 in two (2) of four (4) observations between 10:20 AM and 12:01 PM on August 8, 2006.</p> <p>Seventh Floor rooms 701, 706 and 714 in three (3) of six (6) observations between 3:56 PM and 4:45 PM on August 8, 2006.</p> <p>Eight Floor rooms 801, 817 and 822 in three (3) of eight (8) observations between 11:04 AM and 12:20 PM on August 8, 2006.</p> <p>5. The concrete patio surfaces in the rear of the facility were damaged, uneven and eroded in one (1) of one (1) observation at 2:30 PM on August 9, 2006.</p> <p>6. Cleaning equipment such as mops, brooms and dust pans were stored on the floor in the following areas:</p> <p>Third Floor janitorial closet in one (1) of two (2) observations at approximately 4:00 PM on August 7, 2006.</p> <p>Sixth Floor janitorial closet in one (1) of two (2) observations at approximately 11:15 PM on August 8, 2006.</p> <p>Seventh Floor mop storage room in one (1) of</p>	L 410	<p>L 410 (Cont.)</p> <p>9.</p> <p>a. No harm was caused as a result of this deficiency. Engineering will correct the second floor day room, third floor day room, hallway and in front of the elevators, fourth floor room 417 and day room, fifth floor rooms 514, 517 and day room, sixth floor rooms 602, 612, 618 and day room, seventh floor rooms 701, 720, and day room, eighth floor rooms 801, 808, 812, 813, 817, 822, and day room by September 24, 2006.</p> <p>b. Engineering will conduct a full house inspection to identify other areas at risk.</p> <p>c. Other areas identified will be scheduled for repair. Protective wall coverings will be used where needed.</p> <p>d. Director of Engineering and or designee will monitor for compliance monthly and report findings to the QA&A committee.</p> <p>e. Completion date 9/24/06.</p> <p>10.</p> <p>a. Dayrooms have been repaired on the second, fourth, fifth, sixth and eighth floor. Other areas mentioned, room 227, third floor mop rooms, fourth floor rooms, 420, 411, fifth floor 517, 607 and 822 have also been repaired.</p> <p>b. Engineering department will conduct a full house audit to identify other areas at risk.</p> <p>c. Monthly rounds will be conducted by Engineering staff and repaired as needed.</p> <p>d. Director of Engineering will monitor for compliance on a quarterly basis and report negative findings to the QA&A committee for review.</p> <p>e. Completion date is 9/24/06.</p>	